MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8876

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. # 9, Arundel Place ..... St. ..... Ward)

File No. .....

Registered No. 2568

2. FULL NAME Emma Jackson Warren

(a) Residence. No. # 9 Arundel Place St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter F. Warren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 19, 1848

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	5	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

235

9. BIRTHPLACE (CITY OR TOWN) New Richmond
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Stephen Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) "

14. INFORMANT Stephen L. Warren
(Address) # 9 Arundel Pl.

15. FILED 3 26 1929, 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26, 1929

17. I HEREBY CERTIFY, That I attended deceased from February, 1926, to Feb. 26, 1929, that I last saw her alive on Feb. 25, 1929, and that death occurred, on the date stated above, at 2.30-A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Arteriosclerosis

82A

97 (duration) Don't Know yrs.

CONTRIBUTORY (SECONDARY) Cerebral Apoplexy

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? N/A

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) D. W. Booth, M. D.

Feb 26, 1929 (Address) 508 N. Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine Cemetery

DATE OF BURIAL: 2/27/1929

20. UNDERTAKER: Alexander and Sons

ADDRESS: 6175 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.